

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS**IMPORTANT:**

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

| | | | |
|---|-----------------------------|--|----------------|
| 1. Your Name:* | George Jarvis (or J) Austin | 7. Your Phone Number: | (209) 915-6304 |
| 2. Your Email Address: * | gaustin07@berkeley.edu | 8. Full Case Number (if applicable): 3:20-cv-00800 | |
| 3. Receipt Number:* | 0971-15567972 | 9. Fee Type:* <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus | |
| 4. Transaction Date:* | 02/11/2021 | | |
| 5. Transaction Time:* | 9:37 pm | | |
| 6. Transaction Amount (Amount to be refunded):* | \$ 100.00 | | |
| 10. Reason for Refund Request: * Explain in detail what happened to cause duplicate charges or no fee required. | | | |
| <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). See Document #'s 100 - 107 for others to be filed independently by suggestion of the court. | | | |

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

| FOR U.S. DISTRICT COURT USE ONLY | |
|--|--|
| Refund request: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial) |
| Approval/denial date: | Request approved/denied by: |
| Pay.gov refund tracking ID refunded: | Agency refund tracking ID number: 0971- |
| Date refund processed: | Refund processed by: |
| Reason for denial (if applicable): | |
| Referred for OSC date (if applicable): | |